

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/554075

FILING DATE

APPLICANT(S)

69-09 CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1		1	
2						1
3						1
4						1
5						1
6						1
7				1		1
8						1
9			1		1	
10						1
11						1
12						1
13						1
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15						1
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49						
50						
TOTAL IND.		↓	2	↓	2	↓
TOTAL DEP.		←	18	←	18	←
TOTAL CLAIMS			20		20	

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						